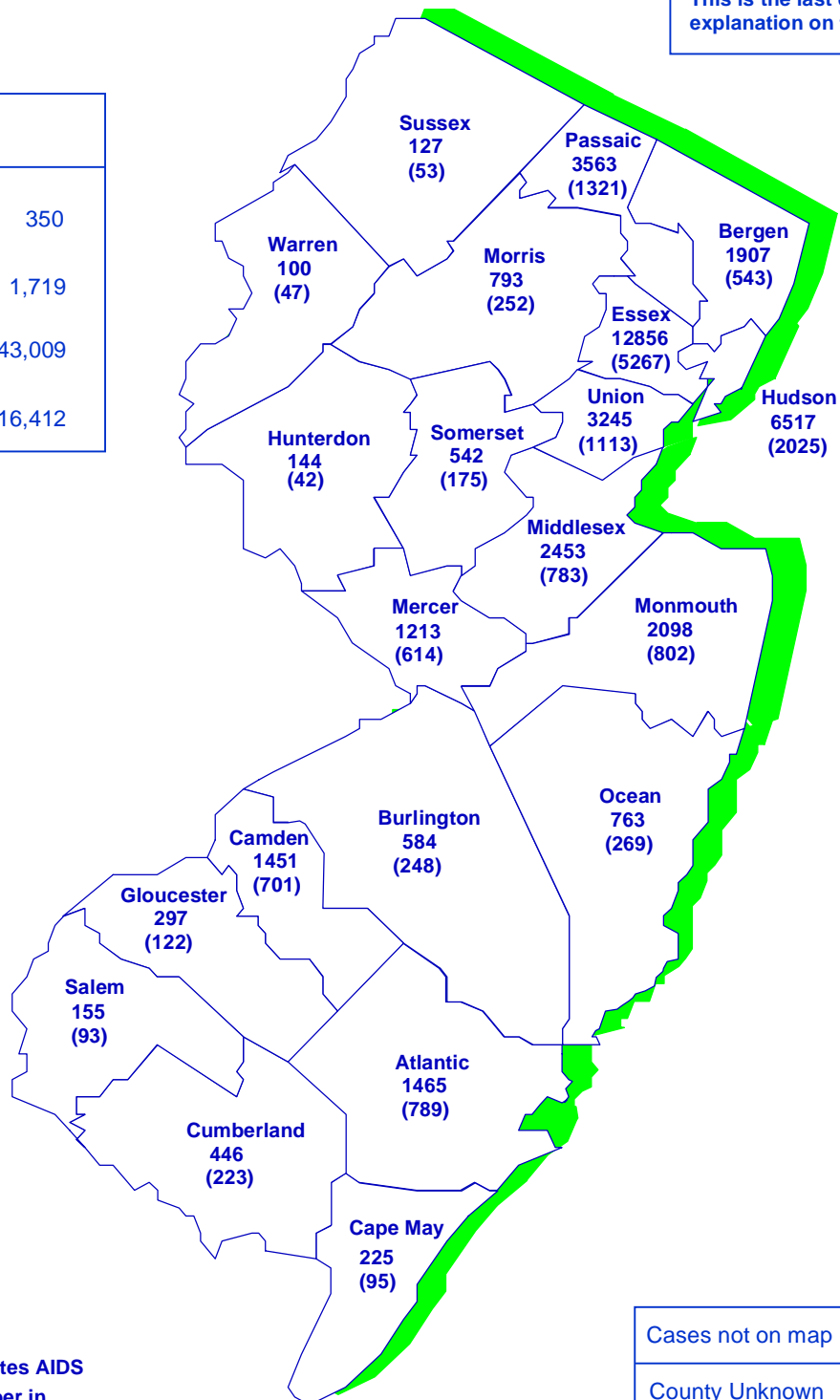


# NEW JERSEY HIV/AIDS CASES

## Reported as of December 31, 2001

This is the last quarterly--  
explanation on the back page.

HIV/AIDS Report Summary	
Current Quarter Increase - AIDS	350
Current Year Increase -AIDS	1,719
Cumulative Total AIDS	43,009
Total HIV+ Only	16,412



Note: Top number indicates AIDS reports. Bottom number in parentheses indicates HIV reports that have not yet progressed to AIDS.

Cases not on map	AIDS	HIV
County Unknown	0	38
Incarcerated at Diagnosis	2,065	797

### **HIV/AIDS Reporting in New Jersey - The First Two Decades**

HIV/AIDS reporting has been the cornerstone of Statewide efforts to monitor the spread of HIV infection in New Jersey. Beginning in 1981, AIDS reporting provided population based data that best reflected changes in the epidemic. However, starting in 1987-88, with treatments like AZT that proved effective in slowing the progression of HIV infection to disease, AIDS reporting began to slowly level off. Initial medical advances diminished the ability of AIDS surveillance to accurately represent current trends in the spread of HIV and the impact of the epidemic on our State. In response to this, confidential named HIV reporting was approved in 1991 and begun in earnest in 1992. With this effort, New Jersey became the first high volume reporting state to implement a comprehensive HIV/AIDS surveillance program.

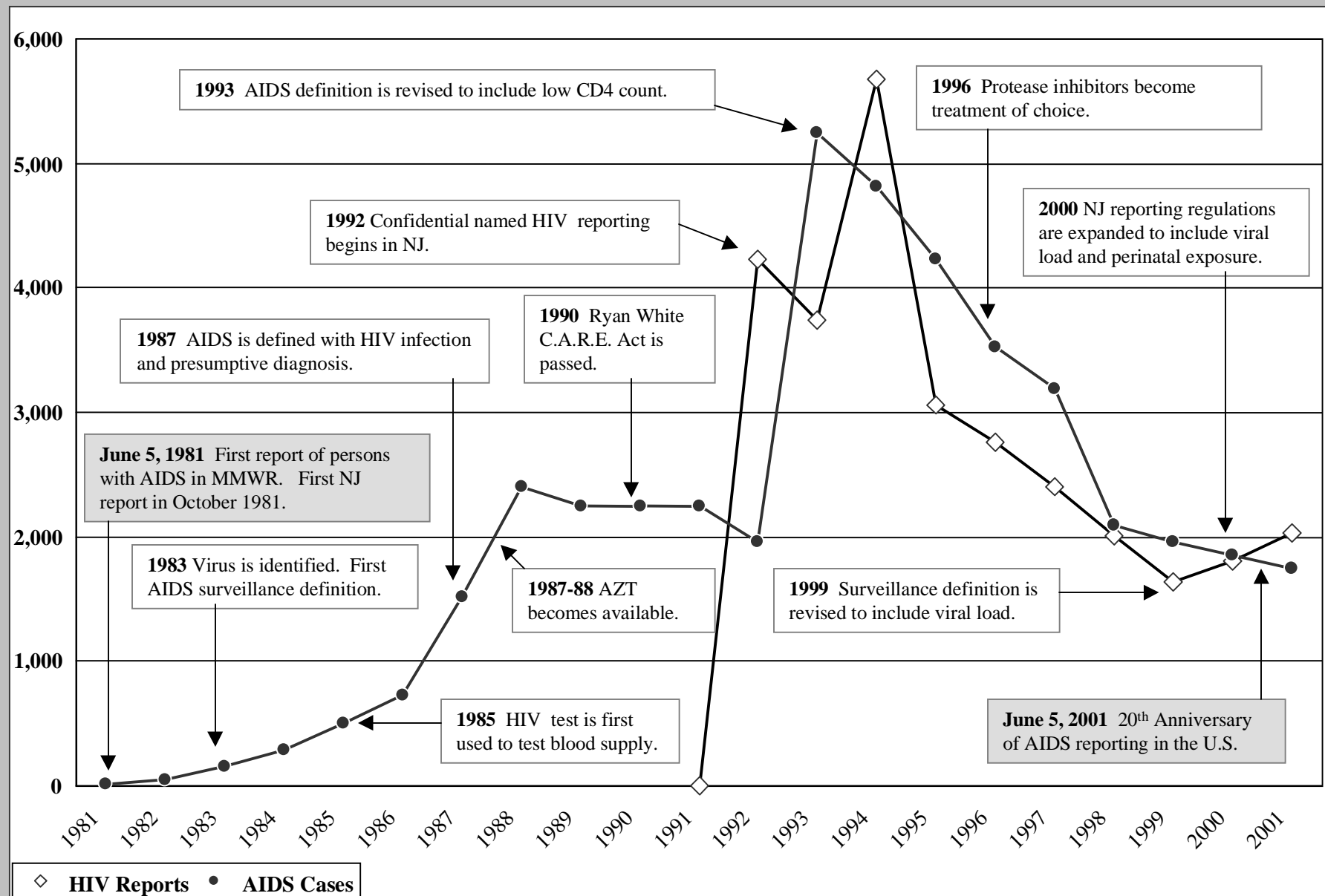
In 1993, both the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE) made recommendations to again revise AIDS reporting to incorporate new understanding of HIV disease that included low CD4 counts. Over the next three years, more than 25,000 residents were reported with either HIV or AIDS largely due to these new recommendations. In 1996, both the reporting of AIDS cases and deaths due to AIDS declined for the first time and was primarily attributed to the availability of protease inhibitors and their early use in combination therapy. This decline in both new HIV and AIDS reports continued through the end of 1999.

In December 1999, the CDC expanded the HIV definition to include viral load in order to incorporate all current laboratory criteria for more efficient HIV/AIDS reporting. Laboratory data has become increasingly important both as a source of information for initiating case reports and as a tool for evaluating the quality of prevention programs and care resources.

As of September 2000, New Jersey's reporting regulations were broadened to include viral load test results. At the same time, our State's reporting regulations were also expanded to include perinatal exposure in order to better document the sharp decline in perinatally acquired HIV infection, the increase in the proportion of infected women who have been tested for HIV before delivery, and the high proportion of infected pregnant women who accept preventive therapy. During the past two years there has been an increase in new HIV reports, primarily attributed to the recent changes in reporting regulations and increased surveillance activities, and a modest decrease in AIDS reports which may continue to be related to treatment advances.

Unfortunately, not all persons infected with HIV are tested, much less reported, therefore, HIV/AIDS reporting data provides, at best, an estimate of the number of infected persons living with HIV. After the first two decades, HIV/AIDS reporting in New Jersey remains most representative of those individuals who have HIV infection diagnosed at hospitals, medical clinics and other confidential diagnostic settings within the State.

## HIV/AIDS Reporting in New Jersey – The First Two Decades



This graphic is dedicated to all those whose lives have been affected by HIV/AIDS.

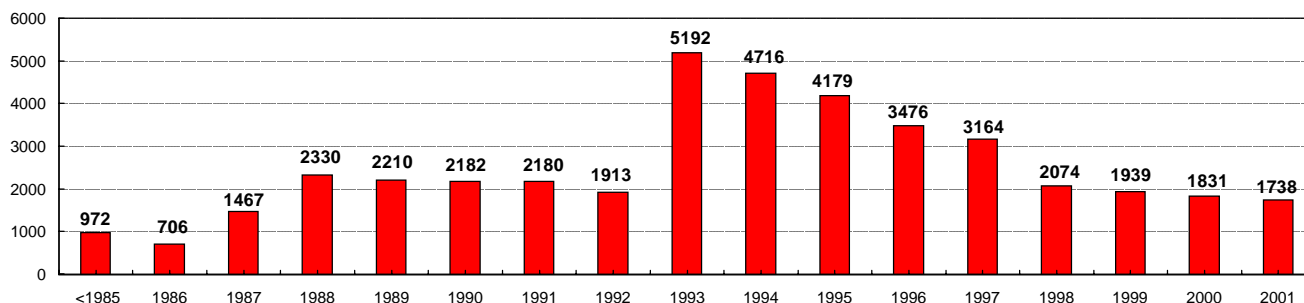
**Table 1. New Jersey Adult/Adolescent AIDS Cases Reported January 2001 - December 2001  
and Cumulative Totals as of December 31, 2001  
by Age at Diagnosis and Gender**

Age Group	MALE				FEMALE				TOTAL				Females as Percent of Cumulative Age Group Totals
	January 2001- December 2001		Cumulative Total		January 2001- December 2001		Cumulative Total		January 2001- December 2001		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	9	1%	118	0%	5	1%	78	1%	14	1%	196	0%	40%
20-29	98	9%	3,778	12%	68	12%	2,158	18%	166	10%	5,936	14%	36%
30-39	392	34%	13,682	45%	246	42%	5,807	49%	638	37%	19,489	46%	30%
40-49	440	38%	9,265	31%	194	33%	2,868	24%	634	36%	12,133	29%	24%
Over 49	210	18%	3,521	12%	76	13%	994	8%	286	16%	4,515	11%	22%
Total	1,149	100%	30,364	100%	589	100%	11,905	100%	1,738	100%	42,269	100%	28%

**Table 2. AIDS Cases by State of Residence  
Reported to CDC as of December 31, 2001**

STATE OF RESIDENCE	CUMULATIVE TOTAL SINCE 1981					
	Adult/Adolescent		Children		Total	
	No.	(%)	No.	(%)	No.	(%)
New York	147,065	18%	2,276	25%	149,341	18%
California	123,200	15%	619	7%	123,819	15%
Florida	83,888	10%	1,436	16%	85,324	10%
Texas	56,344	7%	386	4%	56,730	7%
<b>New Jersey</b>	<b>43,068</b>	<b>5%</b>	<b>756</b>	<b>8%</b>	<b>43,824</b>	<b>5%</b>
Pennsylvania	26,033	3%	336	4%	26,369	3%
Illinois	26,047	3%	272	3%	26,319	3%
Puerto Rico	25,730	3%	389	4%	26,119	3%
Georgia	24,347	3%	212	2%	24,559	3%
Maryland	23,228	3%	309	3%	23,537	3%
Remainder of US	228,125	28%	2,083	23%	230,208	28%
Total	807,075	100%	9,074	100%	816,149	100%

**Figure 1. New Jersey Adult/Adolescent AIDS Cases as of December 31, 2001  
by Year Reported as AIDS**



**Table 3. New Jersey AIDS Cases with Pediatric (1) Risk**  
Data as of December 31, 2001

Risk (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of AIDS (3)	107	489	139	4	739
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	9	3	3	0	15
Risk Not Reported/Other Risk	2	9	1	0	12
<b>Total</b>	<b>128</b>	<b>508</b>	<b>148</b>	<b>4</b>	<b>788</b>

(1) Includes all patients under 13 years of age at time of HIV infection.

(2) Cases with more than one risk, other than the combinations listed in the tables, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

**Table 4. New Jersey HIV Pediatric Exposures (1) by Current Status and Year of Birth for Children Born 1993-2001**  
Data as of December 31, 2001

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	71	21%	70	21%	195	58%	336
1994	54	17%	102	32%	159	51%	315
1995	50	16%	79	25%	185	59%	314
1996	36	13%	66	23%	179	64%	281
1997	31	12%	67	26%	161	62%	259
1998	21	7%	92	31%	183	62%	296
1999	11	5%	73	32%	147	63%	231
2000	9	4%	90	37%	147	59%	246
2001	4	3%	102	79%	28	21%	134

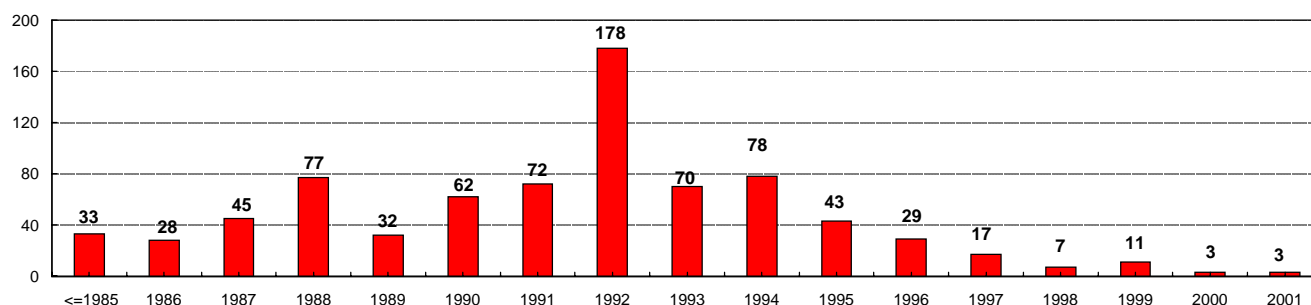
(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

**Figure 2. New Jersey Pediatric AIDS Cases as of December 31, 2001**  
by Year of Initial HIV/AIDS Report



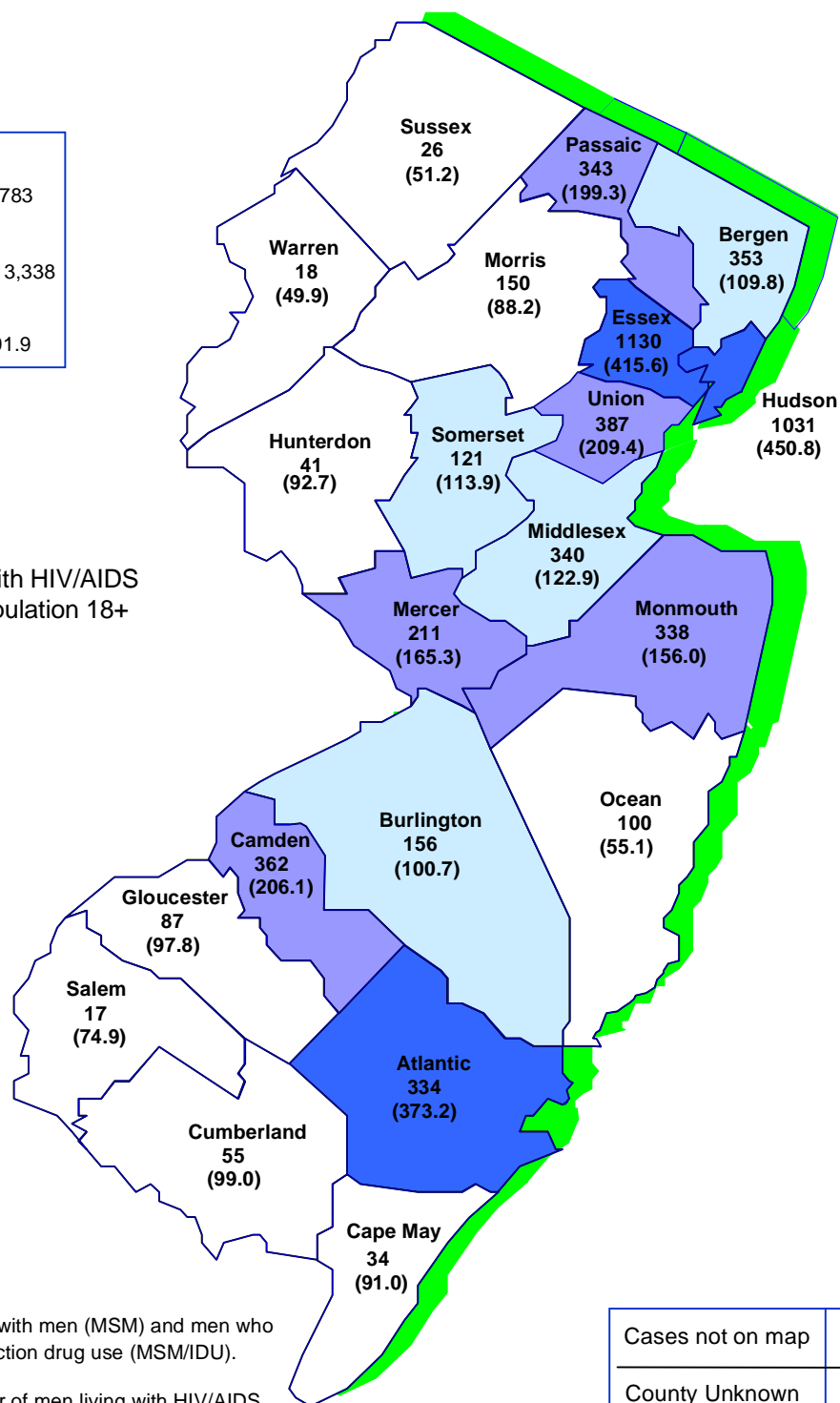
# ADULT/ADOLESCENT MSM & MSM/IDU MEN LIVING WITH HIV/AIDS IN NEW JERSEY\*

Reported as of December 31, 2001

Total MSM & MSM/IDU Living with HIV/AIDS:	5,783
Total Male Population 18+ yrs, NJ 2000 :	3,013,338
Rate per 100,000 population:	191.9

MSM & MSM/IDU Living with HIV/AIDS  
per 100,000 adult male population 18+

	0.0 - 99.9
	100.0 - 149.9
	150.0 - 299.9
	300.0 and over



\* Includes only men who have sex with men (MSM) and men who have sex with men and report injection drug use (MSM/IDU).

Top number indicates total number of men living with HIV/AIDS as of 12/31/01 who were infected through MSM or MSM/IDU. Bottom number indicates prevalence rate of MSM and MSM/IDU living with HIV/AIDS per 100,000 adult male population 18+ years old (U.S. Census 2000).

Cases not on map	#
County Unknown	9
Incarcerated at Diagnosis	140

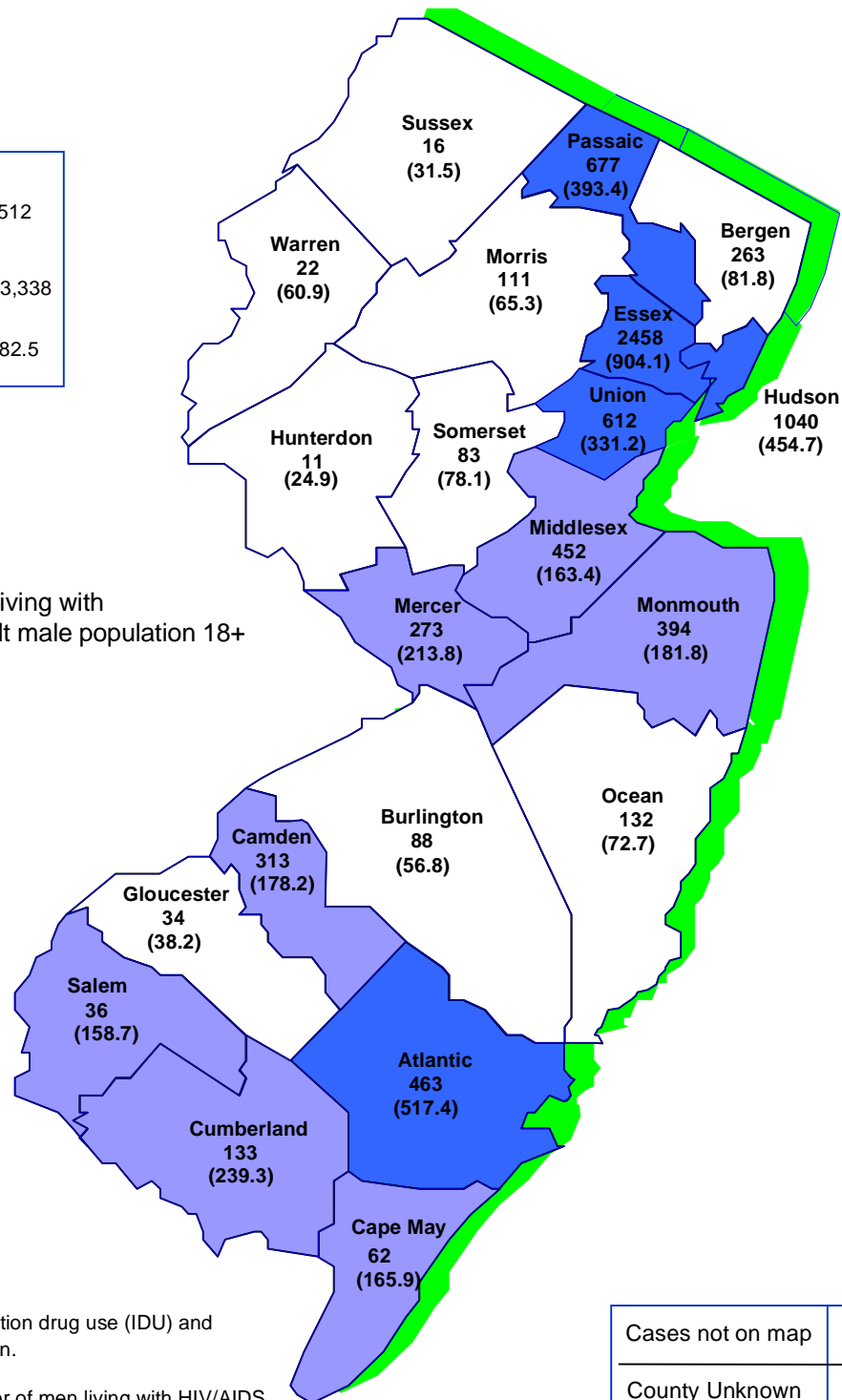
# ADULT/ADOLESCENT IDU & HETEROSEXUAL MEN LIVING WITH HIV/AIDS IN NEW JERSEY\*

Reported as of December 31, 2001

Total IDU & Hetero Living with HIV/AIDS:	8,512
Total Male Population 18+ yrs, NJ 2000 :	3,013,338
Rate per 100,000 population:	282.5

IDU & Heterosexual Men Living with  
HIV/AIDS per 100,000 adult male population 18+

	0.0 - 99.9
	100.0 - 149.9
	150.0 - 299.9
	300.0 and over

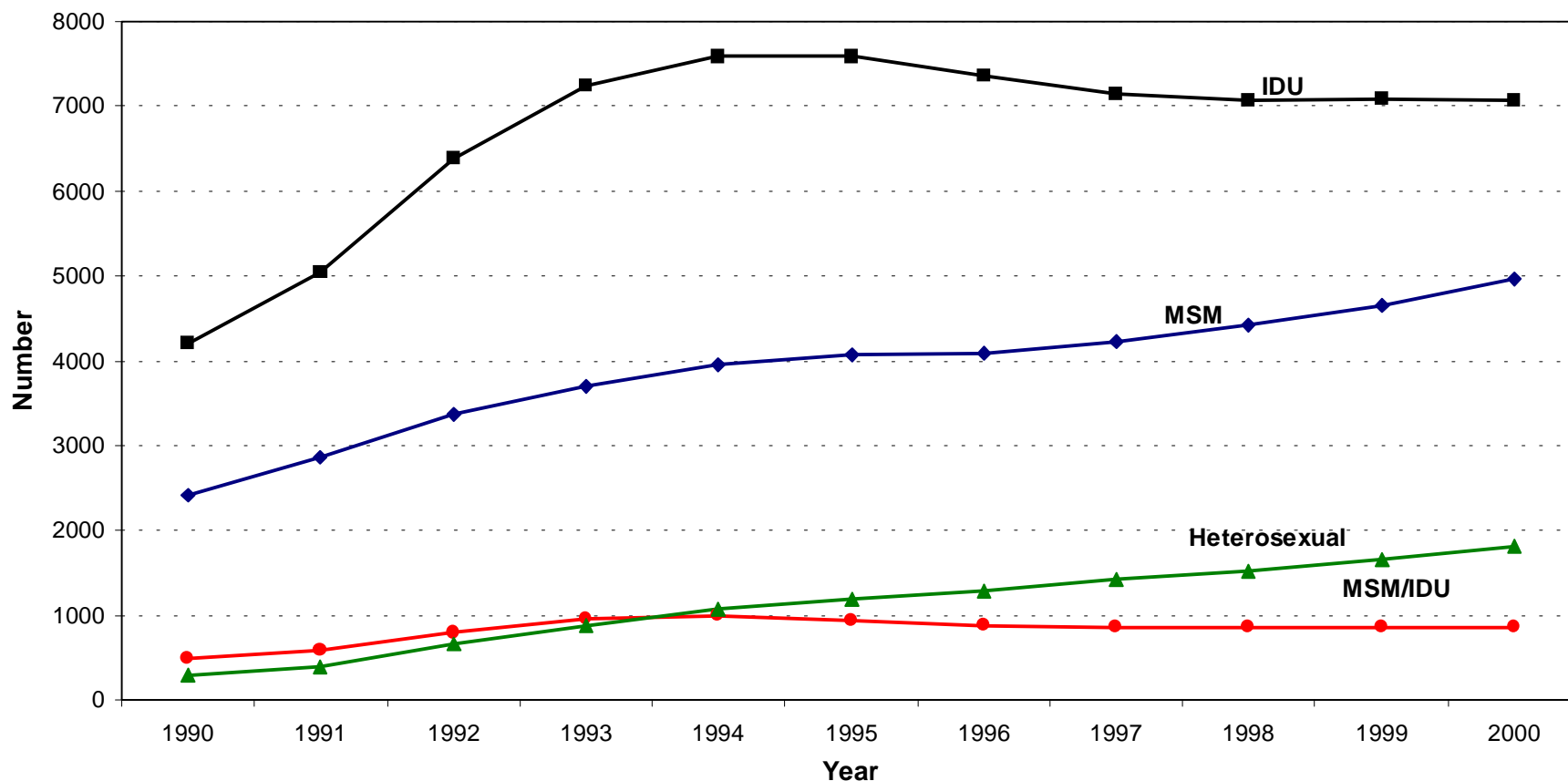


\* Includes men who reported injection drug use (IDU) and men who had sex only with women.

Top number indicates total number of men living with HIV/AIDS as of 12/31/01 who were infected through the adult/adolescent modes of transmission of Heterosexual Contact or non-MSM/IDU. Bottom number indicates prevalence rate of Heterosexual Contact and non-MSM/ IDU living with HIV/AIDS per 100,000 adult male population 18+ years old (U.S. Census 2000).

Cases not on map	#
County Unknown	6
Incarcerated at Diagnosis	833

**Figure 3. Estimated Number of Men Living with HIV/AIDS by Major Modes of Transmission: 1990-2000**



**Figure 3** shows the estimated number of men living with HIV/AIDS between 1990 and 2000 by major modes of transmission.

- **IDU:** The number of men living who reported injection drug use (IDU) as a source of infection increased between 1990 and 1994 and then leveled off largely due to a decrease in new reports. The number of newly diagnosed men infected through injection drug use has continued to steadily decline.
- ◆ **MSM:** The number of men living whose source of infection is sex with men (MSM) increased steadily between 1990 and 2000. The increase is largely due to increased survival within this group.
- ▲ **Heterosexual:** The number of men living with HIV/AIDS infected through heterosexual contact has increased steadily since 1990.
- **MSM/IDU:** The number of men living with HIV/AIDS whose source of infection is MSM/IDU has remained more or less stable since 1994.



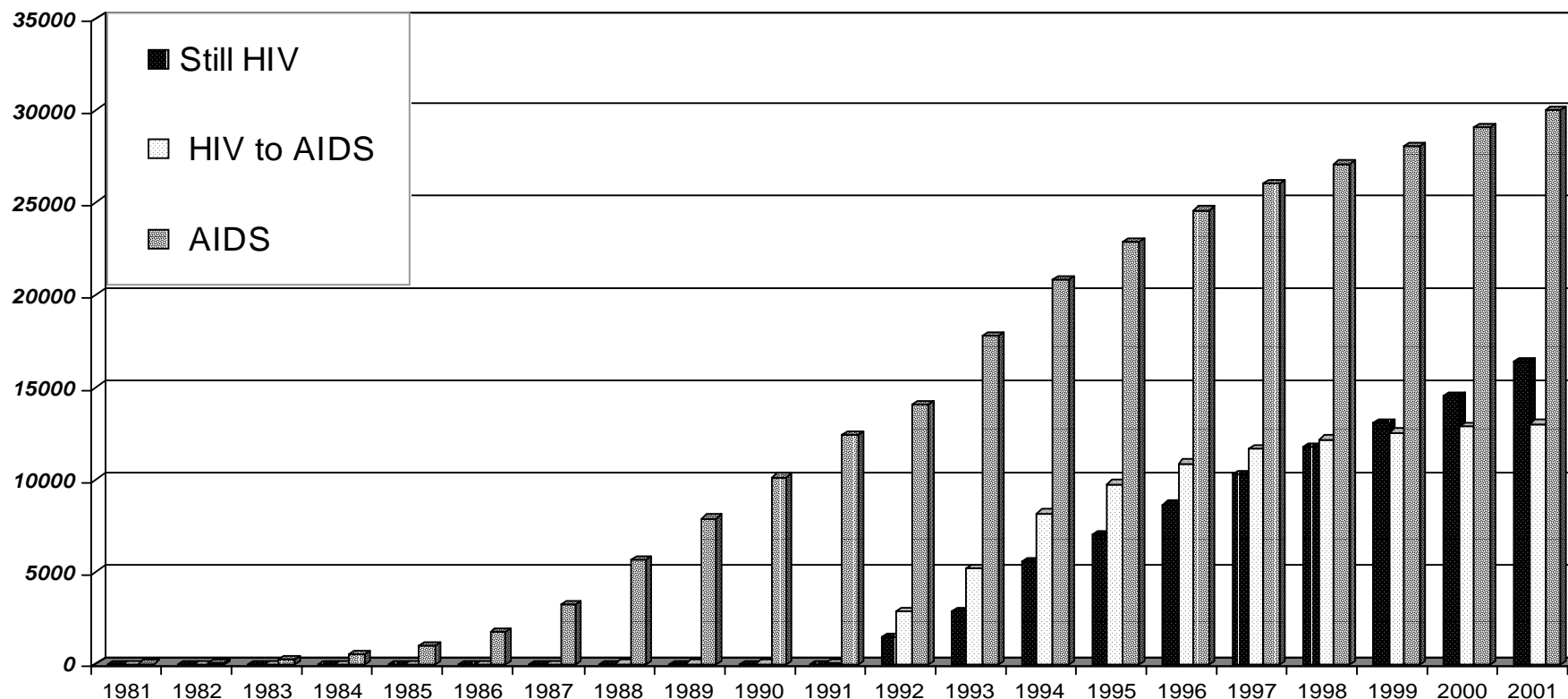
**Table 5. Persons Living with HIV/AIDS Infection  
by County and Selected Risk  
Cumulative Data as of December 31, 2001**

County	MALE												
	Risk												
	IDU		MSM		Heterosexual		MSM/IDU		Pediatric		Adult Other/Unk		Total
No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	
Atlantic	386	40%	288	29%	77	8%	46	5%	22	2%	158	16%	977
Bergen	203	24%	319	38%	60	7%	34	4%	20	2%	203	24%	839
Burlington	70	22%	139	44%	18	6%	17	5%	11	3%	63	20%	318
Camden	247	29%	323	38%	66	8%	39	5%	22	3%	147	17%	844
Cape May	55	46%	28	24%	7	6%	6	5%	4	3%	19	16%	119
Cumberland	99	38%	47	18%	34	13%	8	3%	19	7%	52	20%	259
Essex	1,848	35%	902	17%	610	12%	228	4%	320	6%	1,341	26%	5,249
Gloucester	29	18%	78	48%	5	3%	9	5%	5	3%	38	23%	164
Hudson	815	30%	940	34%	225	8%	91	3%	103	4%	564	21%	2,738
Hunterdon	11	17%	39	61%	0	0%	2	3%	3	5%	9	14%	64
Mercer	205	32%	180	28%	68	10%	31	5%	31	5%	133	21%	648
Middlesex	358	34%	284	27%	94	9%	56	5%	55	5%	203	19%	1,050
Monmouth	289	33%	281	32%	105	12%	57	6%	50	6%	95	11%	877
Morris	89	24%	135	37%	22	6%	15	4%	10	3%	98	27%	369
Ocean	107	36%	91	30%	25	8%	9	3%	7	2%	61	20%	300
Passaic	514	35%	297	20%	163	11%	46	3%	66	5%	369	25%	1,455
Salem	23	29%	15	19%	13	16%	2	3%	9	11%	17	22%	79
Somerset	66	25%	116	43%	17	6%	5	2%	12	4%	51	19%	267
Sussex	11	18%	26	43%	5	8%	0	0%	1	2%	17	28%	60
Union	476	32%	338	23%	136	9%	49	3%	54	4%	413	28%	1,466
Warren	16	27%	17	29%	6	10%	1	2%	2	3%	17	29%	59
Incarcerated	753	61%	66	5%	80	6%	74	6%	0	0%	269	22%	1,242
Unknown County	6	26%	8	35%	0	0%	1	4%	3	13%	5	22%	23
Total Males	6,676	34%	4,957	25%	1,836	9%	826	5%	829	4%	4,342	22%	19,466

County	FEMALE									STATE TOTAL		
	Risk									Males and Females		
	Heterosexual		IDU		Pediatric		Adult Other/Unk		Total	County	Total	
No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	No.		(%)	
Atlantic	100	26%	190	49%	17	4%	80	21%	387	Atlantic	1,364	4%
Bergen	143	37%	98	26%	26	7%	115	30%	382	Bergen	1,221	4%
Burlington	36	32%	34	30%	2	2%	40	36%	112	Burlington	430	1%
Camden	155	39%	110	28%	22	6%	109	28%	396	Camden	1,240	4%
Cape May	28	40%	26	37%	5	7%	11	16%	70	Cape May	189	1%
Cumberland	67	43%	50	32%	10	6%	28	18%	155	Cumberland	414	1%
Essex	1,250	33%	1,188	31%	359	9%	982	26%	3,779	Essex	9,028	30%
Gloucester	27	45%	9	15%	3	5%	21	35%	60	Gloucester	224	1%
Hudson	468	34%	405	30%	107	8%	386	28%	1,366	Hudson	4,104	13%
Hunterdon	3	12%	13	50%	4	15%	6	23%	26	Hunterdon	90	0%
Mercer	130	33%	132	33%	30	8%	108	27%	400	Mercer	1,048	3%
Middlesex	242	41%	178	30%	29	5%	144	24%	593	Middlesex	1,643	5%
Monmouth	237	39%	220	36%	49	8%	98	16%	604	Monmouth	1,481	5%
Morris	49	27%	55	30%	10	6%	67	37%	181	Morris	550	2%
Ocean	63	38%	50	30%	17	10%	37	22%	167	Ocean	467	2%
Passaic	332	34%	289	29%	63	6%	307	31%	991	Passaic	2,446	8%
Salem	36	50%	16	22%	7	10%	13	18%	72	Salem	151	0%
Somerset	39	34%	34	29%	11	9%	32	28%	116	Somerset	383	1%
Sussex	7	19%	10	27%	6	16%	14	38%	37	Sussex	97	0%
Union	289	35%	235	28%	70	8%	232	28%	826	Union	2,292	8%
Warren	9	32%	8	29%	2	7%	9	32%	28	Warren	87	0%
Incarcerated	39	13%	207	67%	0	0%	65	21%	311	Incarcerated	1,553	5%
Unknown County	1	10%	4	40%	2	20%	3	30%	10	Unknown County	33	0%
Total Females	3,750	34%	3,561	32%	851	8%	2,907	26%	11,069	Total	30,535	100%

**Figure 4. Cumulative HIV/AIDS by Year of Report and Status**

**From 1981-2001 Total Reports = 59,421**



Before 1992, NJ residents with HIV were not generally reported until after their infection had progressed to AIDS (HIV disease). With the onset of named HIV reporting that year, it became possible for individuals to be reported earlier. However, there still are persons whose infection was not detected or reported until they had developed AIDS (HIV disease). New Jersey HIV/AIDS Surveillance tracks individuals and records changes in status from HIV infection to AIDS over time. The above figure represents this information by year of report.

**Still HIV** - represents those initially reported with HIV infection who have not yet developed AIDS (HIV disease)

**HIV to AIDS** - represents those initially reported with HIV infection who have progressed to AIDS

**AIDS** - represents both those initially reported with AIDS and those whose disease progressed from HIV infection to AIDS

### **Division of AIDS Prevention and Control**

<b>Office of the Assistant Commissioner</b> Medical Director	<b>(609) 984-5874</b>
<b>Administrative Services and Contract Monitoring</b>	<b>(609) 984-5888</b>
<b>Care and Treatment Unit</b> AIDS Drug Distribution Program Health Insurance Continuation Program Housing Opportunities for Persons with AIDS	<b>(609) 984-6328</b> HIV Home Health Care Program HIV Care Consortia
<b>Counseling and Testing</b> Notification Assistance Program	<b>(609) 984-6125</b> HIV Prevalence and Incidence Studies
<b>Prevention and Education</b> HIV Prevention Community Planning Group	<b>(609) 984-6050</b> HIV-related Training
<b>HIV/AIDS Surveillance Unit</b> Case Reporting Forms	<b>(609) 984-5940</b> HIV/AIDS Statistics



The HIV/AIDS Surveillance Unit offers a free training seminar covering the important aspects of reporting HIV infection and AIDS. For more information, or to register, contact Cindy Mimmo at (609) 984-6050.

Visit the New Jersey Department of Health and Senior Services website: [www.state.nj.us/health](http://www.state.nj.us/health)

To be added to our mailing list or to request other information, contact us by phone or by e-mail.  
Phone **(609) 984-5940** e-mail [aids.doh.state.nj.us](mailto:aids.doh.state.nj.us)

**Questions?** Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

### **Surveillance Report Staff**

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**The Surveillance Report staff would also like to acknowledge the efforts of all those throughout the State who collect and report HIV/AIDS cases.**

### **Please Note – This Is The Last Quarterly Report**

This is the last printing of HIV/AIDS case report data on a quarterly basis. At the time that the first report of AIDS cases was produced, in October 1984, there were three counties that had yet to report a case, and nine counties with five or fewer case reports. A quick look at the map on the front of this report reflects the enormous toll that this disease has had on New Jerseyans over the past two decades.

Since the beginning, we have attempted to provide a regular update on what, at times, was a rapidly changing epidemic. Now, as we enter the third decade of reporting, we are changing our format in an attempt to provide more useable information and to respond to suggestions that many of our readers have made over time.

We will begin publishing the new HIV/AIDS Surveillance Report with a mid-year edition in the Fall and a year-end report by Spring. The new semi-annual report will be longer than our quarterly allowing us to provide more information, cover topical issues and address questions in greater depth.